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Update on Oral Oncolytics

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Disclosures

The author of this presentation has no relevant financial or non-financial relationships in the products described and reviewed in this presentation.



Objectives

- Review the history and development of oral oncolytics
- Compare and contrast the differences between oral and parenteral chemotherapy
- Understand the most common misconceptions of oral oncolytics
- Review the pharmacy practice standard for oral oncolytic therapy developed by the Hematology/Oncology Pharmacy Association (HOPA)
- Highlight some of the recently approved oral oncolytics and review their indication, adverse effects, and place in therapy



Definitions

Chemotherapy

- Treatment to stop the growth of cancer cells either by killing them or stopping them from dividing

Oncolytic

- To cause oncolysis, or a destruction of tumor cells but not normal cells

Targeted therapy

- A substance that attacks specific types of cancer cells with less harm to normal cells

Cytotoxic

- A substance that kills cells, including cancer cells

Cytostatic

- A substance that slows or stops the growth of cells, including cancer cells, without killing them



Introduction

- Oral oncolytics are a broad pharmacologic class made up of oral cytotoxic agents and small-molecule inhibitors (i.e. targeted therapy)
- Standard chemotherapy is generally cytotoxic while newer, targeted therapies are often cytostatic

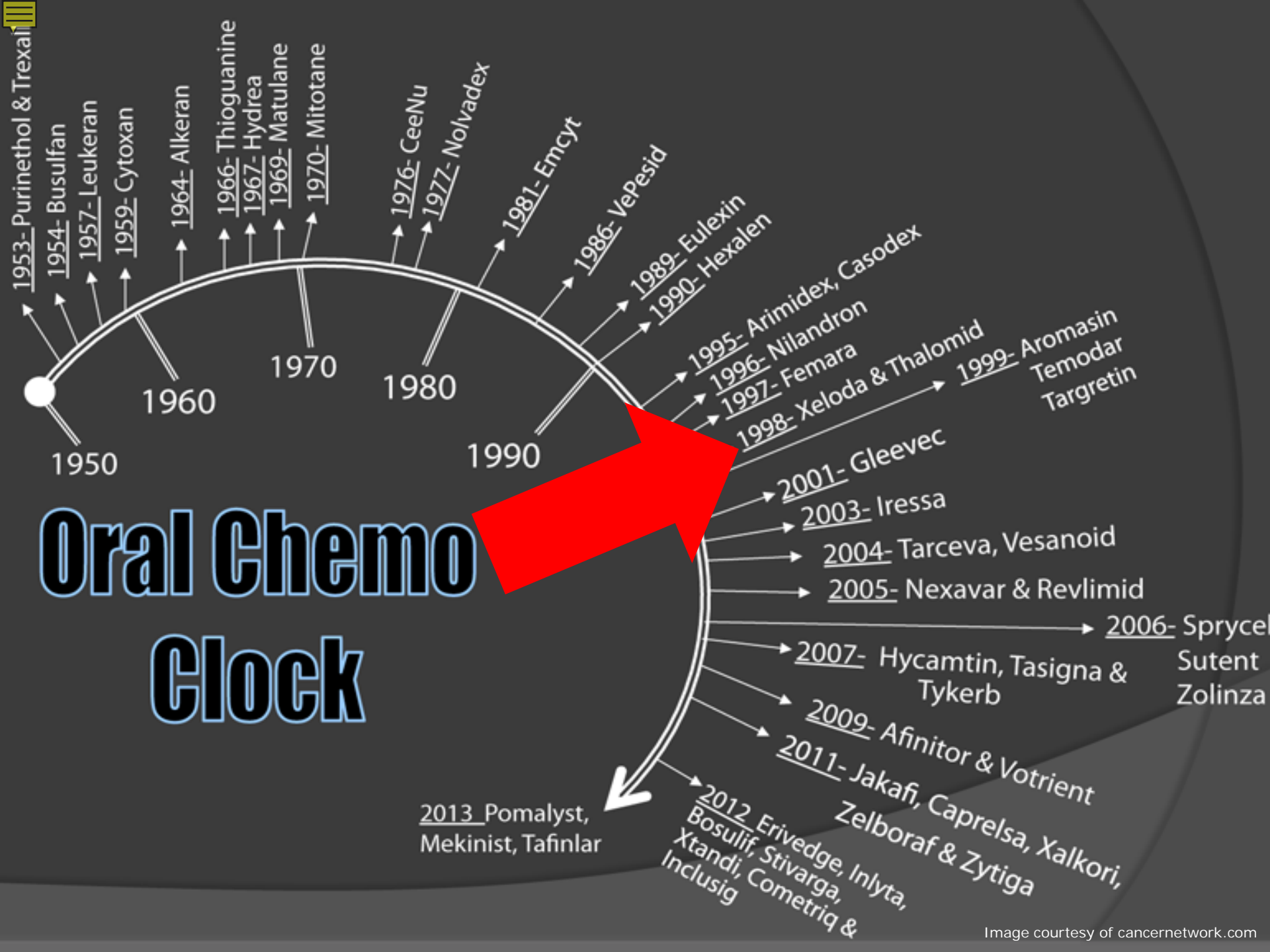




Question 1

True or False

- Oral chemotherapy agents were developed within the last 20 years.



Oral Chemo Clock



Drug Delivery

Parenteral	Oral
Consistent absorption	Variable absorption
Maximally tolerated single dose	Low daily maintenance dose
Tumor cells killed during single administration	Tumor cells continuously exposed
Requires bone marrow recovery period	Does not require bone marrow recovery period
Limited number of cycles	Indefinite treatment length



Misconceptions

Oral chemotherapy is less toxic

Patients prefer to take oral chemotherapy

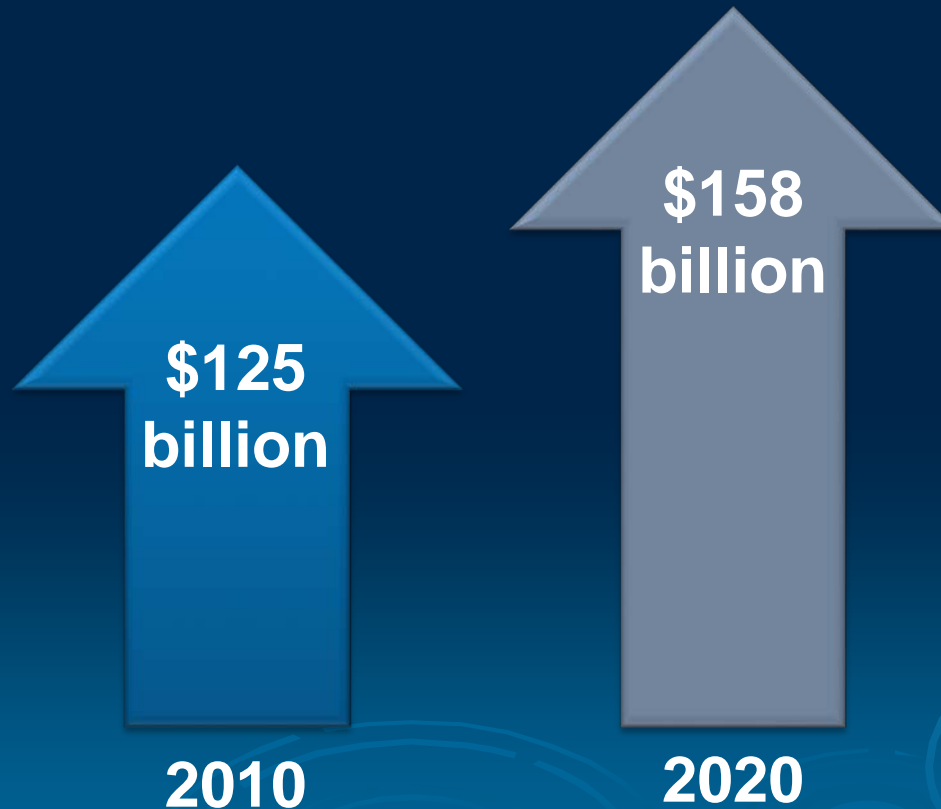
Oral chemotherapy regimens are simple to administer

Oral chemotherapy is safer to handle



Costs

- The cost of cancer care is the most rapidly increasing component of U.S. health care spending





Pharmacy Practice Standard for Oral Oncolytics



Pharmacy Practice Standard

- Developed by the Hematology/Oncology Pharmacy Association (HOPA) for pharmacist's involvement in oral oncolytic management



Prescribing



Education



**Dispensing/
Distribution**



**Monitoring/
Follow-up**



Prescribing

Responsible for safe, effective, and consistent prescribing

Role in drug selection

Order templates for prescribing

Medication review at the time of prescription



Education

Diagnosis/indication



Goals of treatment



Duration and schedule of treatment



Drug-drug and drug-food interactions



Adverse effects



Safe handling and disposal



Follow up



Dispensing/Distribution





Monitoring: Symptom Management



Wide variety of adverse effects



Drug therapy for symptom management



Ordering ability for relevant laboratory tests



Follow up within the first 2 weeks of initiation



Report to FDA MedWatch program



Monitoring: Adherence

- Imperative to maximize effectiveness
- Varies from 50% to 100%
- Barriers to adherence include:



**Low
Health
Literacy**



**Limited
Patient
Knowledge**



**Complex
Instructions**



**Adverse
Effects**



High Cost



Pharmacologic Class Review



Pharmacologic Classes of Chemotherapy

Alkylating agents



Platinum-based agents

Anthracyclines

Proteasome inhibitors



Antimetabolites



Retinoids



Antineoplastic antibiotics

Taxanes

Immunomodulators



Topoisomerase inhibitors



Kinase inhibitors



Vinca alkaloids



Kinase Inhibitors

Tyrosine kinase inhibitors (TKIs)

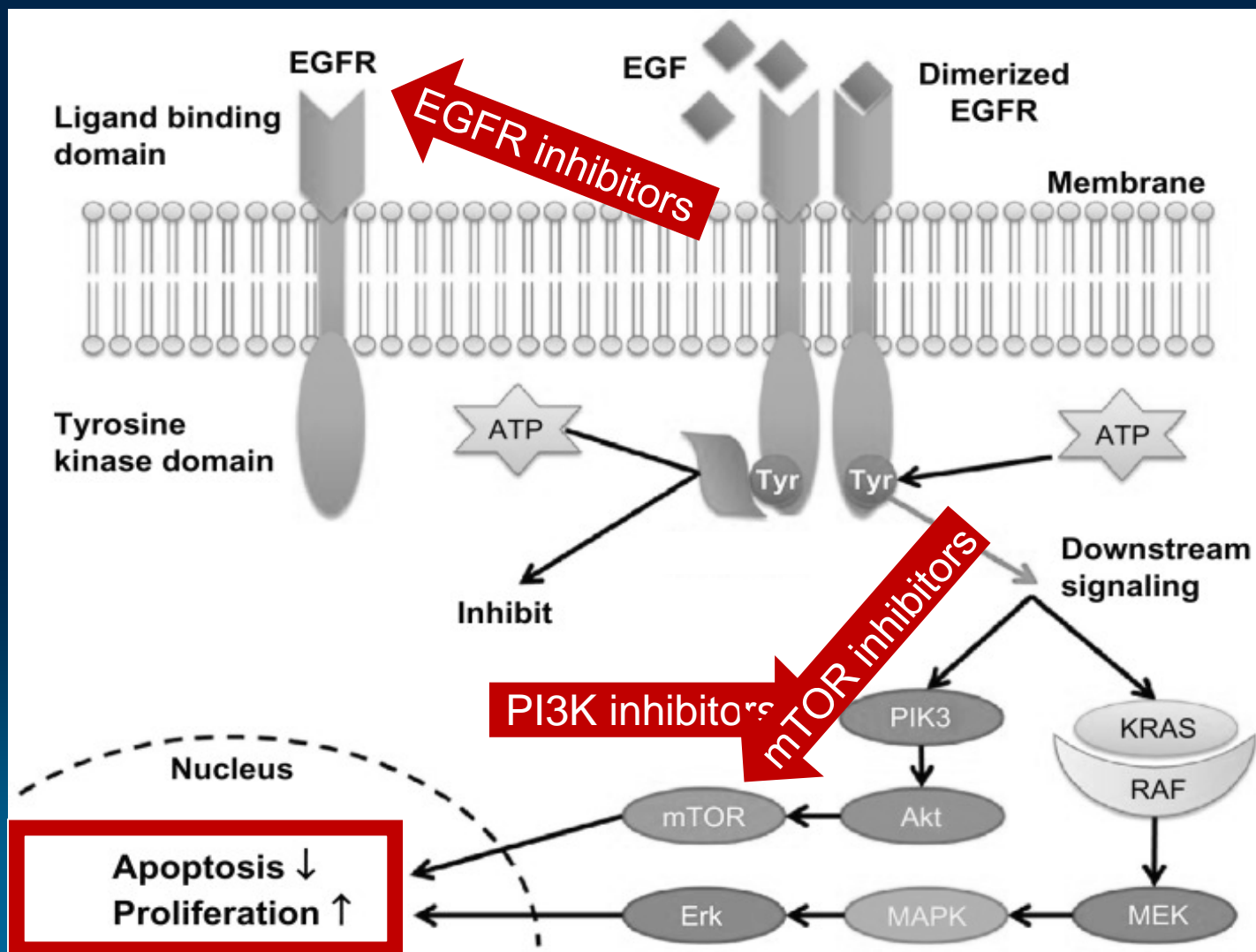
- Anaplastic lymphoma kinase (ALK) inhibitors
- BCR-ABL tyrosine kinase inhibitors
- Bruton tyrosine kinase (BTK) inhibitors
- Epidermal growth factor receptor (EGFR) inhibitors
- Fibroblast growth factor receptor (FGFR) inhibitors
- FMS-like tyrosine kinase 3 (FLT3) inhibitors
- Janus kinase (JAK) inhibitors
- Mitogen-activated protein kinase (MEK) kinase inhibitors
- Tropomyosin receptor kinase (TRK) inhibitors
- Vascular endothelial growth factor receptor (VEGF) inhibitors

Serine/threonine kinase inhibitors

- BRAF kinase inhibitors
- Cyclin-dependent kinase (CKD) inhibitors
- Mammalian target of rapamycin (mTOR) kinase inhibitors
- Phosphatidylinositol 3-kinase (PI3K) inhibitors



Site of Action





Question 2

True or False

- Oral chemotherapy agents were developed within the last 20 years.



Recently Approved Oral Oncolytics



New Oncolytics: 2017

Generic Name (Brand Name)	Indication	Class	FDA Approval
Acalabrutinib (Calquence®)	Mantle cell lymphoma; chronic lymphocytic leukemia	BTK tyrosine kinase inhibitor	Oct 2017
Abemaciclib (Verzenio®)	Breast cancer	CDK inhibitor	Sept 2017
Enasidenib (Idhifa®)	Acute myeloid leukemia	IDH2 inhibitor	Aug 2017
Neratinib (Nerlynx®)	Breast cancer	EGFR tyrosine kinase inhibitor	July 2017
Brigatinib (Alunbrig®)	Non-small cell lung cancer	ALK tyrosine kinase inhibitor	Apr 2017
Midostaurin (Rydapt®)	Acute myeloid leukemia	FLT3 tyrosine kinase inhibitor	Apr 2017
Ribociclib (Kisqali®)	Breast cancer	CDK inhibitor	Mar 2017



New Oncolytics: 2018

Generic Name (Brand Name)	Indication	Class	FDA Approval
Gilteritinib (Xospata®)	Acute myeloid leukemia	FLT3 tyrosine kinase inhibitor	Nov 2018
Larotrectini (Vitrakvi®)	Solid tumors	TRK inhibitor	Nov 2018
Glasdegib (Daurismo™)	Acute myeloid leukemia	Hedgehog pathway inhibitor	Nov 2018
Lorlatinib (Lorbrena®)	Non-small cell lung cancer	ALK tyrosine kinase inhibitor	Nov 2018
Talazoparib (Talzenna™)	Breast cancer	PARP inhibitor	Oct 2018
Dacomitinib (Vizimpro®)	Non-small cell lung cancer	EGFR tyrosine kinase inhibitor	Sept 2018
Duvelisib (Copiktra®)	Chronic lymphocytic leukemia; follicular lymphoma	PI3K inhibitor	Sept 2018
Encorafenib (Braftovi®)	Melanoma	BRAF kinase inhibitor	June 2018
Binimetinib (Mektovi®)	Melanoma	MEK inhibitor	June 2018



New Oncolytics: 2019

Generic Name (Brand Name)	Indication	Class	FDA Approval
Zanubrutinib (Brukinsa™)	Mantle cell lymphoma	BTK tyrosine kinase inhibitor	Nov 2019
Fedratinib (Inrebic®)	Myelofibrosis	FLT3 tyrosine kinase inhibitor	Aug 2019
Entrectinib (Rozlytrek™)	Non-small cell lung cancer	TRK inhibitor	Aug 2019
Pexidartinib (Turalio™)	Tenosynovial giant cell tumor	CSF1R tyrosine kinase inhibitor	Aug 2019
Darolutamide (Nubeqa®)	Prostate cancer	Antiandrogen	July 2019
Selinexor (Xpovio™)	Multiple myeloma	Nuclear export inhibitor	July 2019
Alpelisib (Piqray®)	Breast cancer	PI3K inhibitor	May 2019
Erdafitinib (Balversa™)	Urothelial carcinoma	FGFR inhibitor	Apr 2019



ALK Inhibitors

Alectinib (Alecensa®)

- Non-small cell lung cancer (NSCLC)

Brigatinib (Alunbrig®) **NEW**

- Non-small cell lung cancer (NSCLC)

Ceritinib (Zykadia®)

- Non-small cell lung cancer (NSCLC)

Crizotinib (Xalkori®)

- Non-small cell lung cancer (NSCLC)

Lorlatinib (Lorbrena®) **NEW**

- Non-small cell lung cancer (NSCLC)





Brigatinib (Alunbrig®)

Indication

- ALK-positive advanced or metastatic NSCLC (second-line)

Dose

- 90 mg (1 tablet) PO daily x 7 days, then if tolerated increase to 180 mg (two 90 mg tablets) PO daily


Administration

- Take with or without food
- If treatment is interrupted for ≥ 14 days, resume treatment at 90 mg



Brigatinib (Alunbrig®)

Warnings/Adverse Reactions

- Interstitial lung disease/pneumonitis 
- Hypertension
- Bradycardia
- Visual disturbances
- Hyperglycemia
- ↑ CPK levels and pancreatic enzymes

Drug Interactions

- CYP3A4 inducers (e.g. phenobarbital, phenytoin, rifampin, St. John's Wort)
- CYP3A4 inhibitors (e.g. ketoconazole, clarithromycin, diltiazem, verapamil)



Lorlatinib (Lorbrena®)


Indication

- ALK-positive metastatic NSCLC (second or third-line)

Dose and Administration

- 100 mg (1 tablet) PO daily with or without food

Warnings/Adverse Reactions

- CNS effects (seizures, hallucinations, changes in mood, etc.)
- Hyperlipidemia
- Atrioventricular block
- Interstitial lung disease/pneumonitis 

Drug Interactions

- Contraindicated with CYP3A4 inducers



BRAF Inhibitors

Dabrafenib (Tafinlar®)

- Melanoma
- Non-small cell lung cancer (NSCLC)
- Thyroid cancer

Encorafenib (Braftovi®)

- Colorectal cancer (off-label)
- Melanoma

Vemurafenib (Zelboraf®)

- Melanoma
- Non-small cell lung cancer (NSCLC) (off-label)





Encorafenib (Braftovi®)

Indication

- Unresectable or metastatic melanoma with a BRAF mutation in combination with binimetinib (Mektovi®)

Dose and Administration

- 450 mg (six 75 mg capsules) PO daily in combination with binimetinib

Warnings/Adverse Reactions

- Hemorrhage
- Uveitis
- QT prolongation 

Drug Interactions

- CYP3A4 inhibitors and inducers



MEK Inhibitors

Binimetinib (Mektovi®)



- Colorectal cancer (off-label)
- Melanoma

Cobimetinib (Cotellic®)

- Melanoma

Trametinib (Mekinist®)

- Melanoma
- Non-small cell lung cancer (NSCLC)
- Thyroid cancer





Binimetinib (Mektovi®)

Indication

- Unresectable or metastatic melanoma with a BRAF mutation in combination with encorafenib (Braftovi®)

Dose and Administration

- 15 mg (1 tablet) PO daily in combination with encorafenib

Warnings/Adverse Reactions

- Cardiomyopathy
- Venous thromboembolism
- Ocular toxicities (retinopathy, uveitis)
- Interstitial lung disease/pneumonitis
- Hepatotoxicity
- Rhabdomyolysis
- Hemorrhage





BTK Inhibitors

Zanubrutinib (Brukinsa™)



- Mantle cell lymphoma

Acalabrutinib (Calquence®)

- Chronic lymphocytic leukemia (CLL)
- Small lymphocytic lymphoma (SLL)
- Mantle cell lymphoma

Ibrutinib (Imbruvica®)

- Chronic lymphocytic leukemia (CLL)
- Small lymphocytic lymphoma (SLL)
- Mantle cell lymphoma





Zanubrutinib (Brukinsa™)

Indication

- Mantle cell lymphoma (second-line)

Dose and Administration

- 160 mg (two 80 mg capsules) PO twice daily or 320 mg (four 80 mg capsules) PO daily
- Swallow capsules whole with full glass of water

Warnings/Adverse Reactions

- Hemorrhage
- Infections
- Cytopenias
- Arrhythmias

Drug Interactions

- CYP3A4 inducers and inhibitors



CDK Inhibitors

Abemaciclib (Verzenio®) **NEW**

- Breast cancer



Palbociclib (Ibrance®)

- Breast cancer

Ribociclib (Kisqali®) **NEW**

- Breast cancer





Abemaciclib (Verzenio®)


Indication

- HR+, HER2- advanced or metastatic breast cancer

Dose and Administration

- In combination: 150 mg (1 tablet) PO twice daily
- As monotherapy: 200 mg (1 tablet) PO twice daily

Warnings/Adverse Reactions

- Diarrhea
- Neutropenia
- Interstitial lung disease/pneumonitis 
- Hepatotoxicity
- Venous thromboembolism

Drug Interactions

- CYP3A4 inhibitors and inducers



Ribociclib (Kisqali®)



Indication

- HR+, HER2- advanced or metastatic breast cancer

Dose and Administration

- 28-day cycle: 600 mg (three 200 mg tablets) PO daily x 21 days, followed by 7 days off

Warnings/Adverse Reactions

- Interstitial lung disease/pneumonitis 
- QT prolongation 
- Neutropenia

Drug Interactions

- CYP3A4 inhibitors and inducers
- Tamoxifen



FLT3 Inhibitors



Fedratinib (Inrebic®)

- Myelofibrosis



Gilteritinib (Xospata®)

- Acute myeloid leukemia (AML)



Midostaurin (Rydapt®)

- Acute myeloid leukemia (AML)
- Mast cell leukemia





Gilteritinib (Xospata®)


Indication

- Relapsed or refractory AML with a FLT3 mutation

Dose and Administration

- 120 mg (3 tablets) PO daily for a minimum of 6 months

Warnings/Adverse Reactions

- Posterior reversible encephalopathy syndrome (PRES)
- QT prolongation 
- Pancreatitis

Black Box Warning



- Differentiation syndrome



Midostaurin (Rydapt®)

Indication

- Newly diagnosed AML with a positive FLT3 mutation in combination with standard 7+3 induction therapy

Dose and Administration

- 50 mg (two 25 mg capsules) PO twice daily with food



Warnings/Adverse Reactions

- Interstitial lung disease/pneumonitis
- Neutropenia
- Mucositis



Drug Interactions

- CYP3A4 inducers and inhibitors



FGFR Inhibitor

Erdafitinib (Balversa®)

NEW

- Urothelial carcinoma





Erdafitinib (Balversa®)

Indication

- Locally advanced or metastatic urothelial carcinoma with FGFR mutation (second-line)

Dose and Administration

- 8 mg PO daily; increase to 9 mg after 14-21 days if tolerated

Warnings/Adverse Reactions

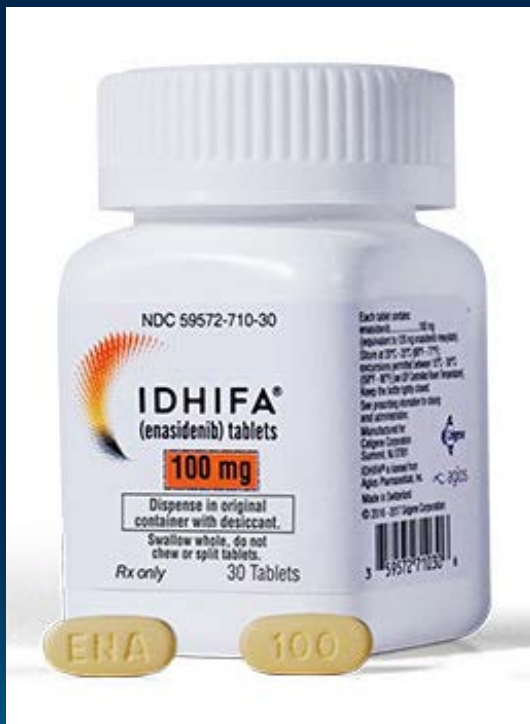
- Ocular disorders 
- Hyperphosphatemia

Drug Interactions

- CYP2C9 inducers and inhibitors
- CYP3A4 inducers and inhibitors



IDH2 Inhibitor



Enasidenib (Idhifa®)



- Acute myeloid leukemia (AML)



Enasidenib (Idhifa®)

Indication

- Relapsed or refractory AML with an IDH2 mutation

Dose and Administration

- 100 mg (1 tablet) PO daily with a full glass of water
- Moderate emetic potential

Adverse Reactions

- Nausea/vomiting
- Diarrhea
- Decreased appetite

Black Box Warning



- Differentiation syndrome



PI 3K Inhibitors



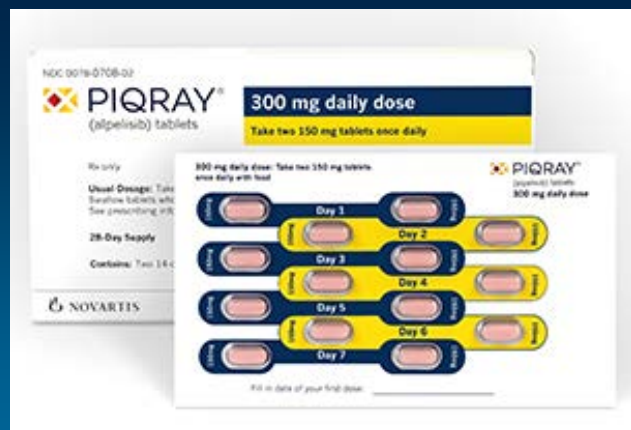
Idelalisib (Zydeliq®)

- Chronic lymphocytic leukemia (CLL)
- Follicular lymphoma (FL)

Duvelisib (Copiktra®)



- Chronic lymphocytic leukemia (CLL)
- Follicular lymphoma (FL)



Alpelisib (Piqray®)



- Breast cancer



Alpelisib (Piqray®)


Indication

- HR+, HER2-, PIK3CA-mutated advanced or metastatic breast cancer in postmenopausal women taking concomitant fulvestrant

Dose and Administration

- 300 mg (two 150 mg tablets) PO daily with food 
- Doses missed by > 9 hours should be skipped

Warnings/Adverse Reactions

- Severe cutaneous reactions
- Hyperglycemia
- Pneumonitis 
- Severe diarrhea



Drug Interactions

- Warfarin
- CYP3A4 inducers



Duvelisib (Copiktra®)

Indication

- Relapsed or refractory CLL/SLL
- Follicular lymphoma (third-line)


Dose and Administration

- 25 mg (1 capsule) PO twice daily
- Doses missed by > 6 hours should be skipped
- PCP prophylaxis

Warnings/Adverse Reactions

- Neutropenia
- Hepatotoxicity

Black Box Warnings

- Infections
- Diarrhea or colitis
- Cutaneous reactions
- Pneumonitis 



TRK Inhibitors



Entrectinib (Rozlytrek®)

- Non-small cell lung cancer (NSCLC)
- Solid tumors



Larotrectinib (Vitrakvi®)

- Solid tumors





Entrectinib (Rozlytrek®)



Indication

- NSCLC with ROS1-positive tumors
- Adult or pediatric solid tumors with a neurotrophic receptor tyrosine kinase (NTRK) gene fusion

Dose and Administration

- NSCLC: 600 mg (three 200 mg capsules) PO daily
- Adult solid tumors: 600 mg (three 200 mg capsules) PO daily

Warnings/Adverse Reactions

- Congestive heart failure
- CNS effects
- Hepatotoxicity
- Hyperuricemia
- QT prolongation 
- Vision disorders 



Larotrectinib (Vitrakvi®)

Indication

- Adult or pediatric solid tumors with a neurotrophic receptor tyrosine kinase (NTRK) gene fusion

Dose and Administration

- Adults: 100 mg (1 capsule) PO twice daily
- Pediatrics: 100 mg/m² PO twice daily

Warnings/Adverse Reactions

- Neurotoxicity
- Hepatotoxicity

Drug Interactions

- CYP3A4 inducers and inhibitors



Question 3

True or False

- Alpelisib (Piqray®) should not be used in patients with Type 1 diabetes or uncontrolled Type 2 diabetes.



Key Points



ALK inhibitors
CDK Inhibitors
PI3K Inhibitors
Alpelisib (Piqray®)
Binimetinib (Mektovi®)
Midostaurin (Rydapt®)



AVOID:
Encorafenib (Braftovi®)
Entrectinib (Rozlytrek®)
Gilteritinib (Xospata®)
Ribociclib (Kisqali®)



Key Points



CAUTION:

Brigatinib (Alunbrig®)

Alpelisib (Piqray®)



Erdafitinib (Balversa®)

Entrectinib (Rozlytrek®)



Alpelisib (Piqray®)

Midostaurin (Rydapt®)



Resources

Oral Chemotherapy Chart

- <https://info.avella.com/oral-chemo-chart>

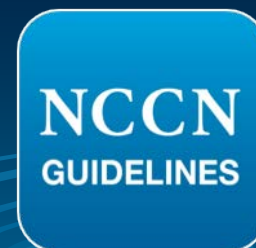
OncoLink

- <https://www.oncolink.org/>



National Comprehensive Cancer Network (NCCN)

- <https://www.nccn.org/>





Thank You



Update on Oral Oncolytics

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